

WELL ACTIVITY REPORT

BEGINNING DATE: _____

ENDING DATE: _____

REPORT IS NOT TO EXCEED 7 DAYS (1 WEEK) IN DURATION

<input type="checkbox"/> CORRECTION <input type="checkbox"/> CHECK IF THIS IS THE LAST WELL ACTIVITY REPORT											
GENERAL INFORMATION											
1. API WELL NO. (10 digits)						2. OPERATOR NAME					
3. WELL NAME		4. SIDETRACK NO.		5. BYPASS NO.		6. CONTACT NAME / CONTACT TELEPHONE NUMBER / CONTACT E-MAIL ADDRESS					
7. RIG NAME OR PRIMARY UNIT (e.g., wireline unit, coil tubing unit, etc.)						8. WATER DEPTH (surveyed) (ft)		9. ELEVATION AT KB (Surveyed) (ft)			
10. CURRENT WELLBORE INFORMATION											
SURFACE						BOTTOM					
LEASE NO.		AREA NAME		BLOCK NO.		LEASE NO.				BLOCK NO.	
WELLBORE	START DATE	TD DATE	STATUS	END DATE	KOP (MD)	MD	TVD	MW PPG	LAST BOP TEST DATE	LAST BOP TEST PRESSURE	
											LOW
11. WELLBORE HISTORICAL INFORMATION											
WELLBORE	BOTTOM LEASE	START DATE	TD DATE	PA DATE	FINAL MD	FINAL TVD					